



# Division of Developmental Disabilities

## Review



STERLING  
ASSOCIATES, LLP

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# Executive Summary



# Executive Summary

- ❖ In February 2002, the Department of Social and Health Services (DSHS) engaged Sterling Associates, LLP to conduct an independent review of the Division of Developmental Disabilities (DDD) focusing on the following areas:
  - Management information systems,
  - Operational policy and practices that support cost controls and data accuracy, and
  - Eligibility determination of developmental disability.
- ❖ The Executive Sponsors directed the review based on growing concerns regarding the credibility and management of the programs in DDD. Sterling Associates employed individual and group interviews, focus groups, document and system analyses, and observation techniques to elicit information for this review. The results of this review, including the summarized findings, conclusions and recommendations, follow.

## Background

- ❖ DDD delivers valuable services despite having major challenges. The program is accomplishing a policy goal of moving clients into communities. The program has experienced a steady decline in the number of clients living in its residential habilitation centers and a steady increase in the number of clients living within the communities across the state. This shift away from the controlled, compact, institutional settings is changing the manner in which services are provided to clients. Many clients are now living and being cared for in smaller, community and neighborhood settings. The DDD program services need to support client changes as they age, mature, work, learn, live, play, volunteer, and participate actively in their community. While DDD clients are now widely dispersed within communities all across the state, the health and safety of these clients is still of utmost concern. Changes in programs, services and resources have struggled to keep pace with the change in client needs.



# Executive Summary (continued)

## Background (continued)

- ❖ DDD reports that caseloads, individual care providers, group home providers and other local service providers have increased without a commensurate increase the number of program staff. DDD also reports that the way business has been conducted has stayed relatively constant. The same primary information systems and basic processes are still being used within the program today that were used a decade ago.
- ❖ The staff within DDD are passionate about the work that they perform and believe the lives of individual clients would suffer without the services they deliver. They deliver service to vulnerable clients with complex physical and mental conditions who may rely solely on the state for protection.
- ❖ The requests for services exceed the resources available to clients. As a result, there are lengthy backlogs for appointments and long waiting lists for some services. In some cases, only a handful of referrals are possible within an entire year.
- ❖ While caseloads are large, case managers take a personal interest in their clients. They often refer to clients by first name and are familiar with specific life circumstances. Case managers personally respond to requests from independent clients without family or personal support to move from one location to another, to balance a checkbook, to pay bills, to make doctor appointments, to provide transportation, to refill a prescription, to review what medicine to take at what time, to get groceries, to learn how to use the bus, to be released from the hospital, to be released from jail, to find lost belongings, to attend a meeting, or to find a friend. These services are not provided by a personal care provider or a contractor or a family member. These are the services provided directly by the assigned case manager within DDD. These are the services that assure a safe and healthy living environment for a client who has no other service or support alternatives.



# Executive Summary (continued)

## Findings

- ❖ Executives and managers in DSHS and DDD express their belief that significant changes are needed in order to obtain credibility and confidence in the program. The desire expressed by individuals at all levels to improve the current situation is high.
- ❖ Management information systems are plentiful within DDD. Management information systems exist in many different formats, with many multiple purposes, developed with various standards, without standard data definitions, and few business rules built into the system to help support the program. Systems have been developed utilizing low cost solutions to address limited program requirements. In order to keep costs down, existing systems have been modified and expanded to perform functions and meet requirements they were not designed to meet.
- ❖ The entry of data into the management information systems is usually accomplished by someone other than the case manager. Hand-written forms are prepared by the case manager and provided to the support staff for entry. With few edits built into the current systems, errors are created for any number of reasons. Review and analysis of the data within the management information systems to identify obvious errors globally, and then individually, is rare.
- ❖ Policies and procedures that could address some of the issues are not developed. Current practices don't match the policies and procedures that are developed.
- ❖ Management information systems are so frail that use of the systems has been curtailed throughout the field offices to certain hours of the work day and to certain functions that can be performed. The applications and the infrastructure are not sufficient to support work during normal working hours of the work week. Limited resources continue to hamper a major redesign and upgrade of the applications and the infrastructure.



# Executive Summary (continued)

## Findings (continued)

- ❖ Because of the age of many of the management information systems and their limited functionality, management reports and information are not generated regularly and used in program or management decision making. Pieces of information are extracted from different information systems, adjusted based on the knowledge of the system or program managers, and combined to produce information requested or needed by decision makers to plan and budget for caseloads and to estimate the related cost of services. The current culture prevalent in DDD was developed around the value of delivering as much service as possible to as many clients as possible with as little “red tape” as necessary. The primary response to increased caseloads has been adding case workers and to direct available resources to the case management functions.
- ❖ Experience with reviewing processes on a statewide basis, redefining the way the work is organized and accomplished to improve the desired quantitative and qualitative outcomes, and directing the implementation of best practices is limited.
- ❖ Operational policy and practices that support cost controls and data accuracy are hard to identify and difficult for the case managers to describe. Policy guidance and direction has not been clearly communicated to the staff to emphasize the need for cost controls or data accuracy. Without a significant effort to communicate these new expectations, the staff will continue to deliver services in the current manner.



# Executive Summary (continued)

## Findings (continued)

- ❖ The determination of eligibility is accomplished without the benefit of specific procedural tools or standardized practices across the state. Interpretation of statutory guidance is needed to make some eligibility decisions. The use of the individualized assessment tool allows for additional variances in the determination of eligibility. Recording information about applicant eligibility also lacks specific direction. Determining eligibility for applicants has not kept up with requests from new applicants and the waiting time for appointments can reach months into the future.
- ❖ The staff in the DDD do not receive training specific to their individual responsibilities prior to being assigned case management duties. The program infrastructure and resources to provide this training were not identifiable.
- ❖ The delivery of most services to clients is not dependent on using information contained with the management information systems. The majority of work is performed without access to on-line systems or information. Management information systems are used primarily to capture information about the clients, the services or the providers and not to make decisions about the clients, the services or the providers.





# Executive Summary (continued)

## Conclusions

### ❖ Management Information Systems

1. The present management information systems and processes are not adequate to maintain accurate and timely information on client eligibility, services authorized, and contract compliance.
2. The existing data “system” is not adequate to support case managers, supervisors, office managers, regional managers, and program managers in headquarters.
3. The new database application being developed as the interface of the SSPS - CCDB systems, does little to change the problems these systems pose for data reconciliation and data integrity.



# Executive Summary (continued)

## **Conclusions** (continued)

### ❖ Operational Policy and Practices that Support Cost Controls and Data Accuracy

1. Case management practices for service authorization are not standardized within the DDD in order to support cost controls or data accuracy.
2. Current controls available to case managers for tracking authorizations against eligibility and valid service contracts can better be described as tools and not as controls. These tools vary by region.
3. Case management supervisors can request reports on service authorizations for their staff to track the authorizations approved.
4. Management staff have recently been provided reports regarding the number of service authorizations, viable contracts, and client eligibility.
5. Monitoring tools available to regional and headquarters management staff relate quantitative, monthly fiscal and client information.



# Executive Summary (continued)

## Conclusions (continued)

### ❖ Eligibility Determination of Developmental Disabilities

1. The eligibility determination process is not standardized within the DDD. Information available, input required, and systems for notification of changes in age and eligibility determination all vary by region.
2. Review of the workload requirements in the eligibility determination process was not possible given the lack of a standardized eligibility determination process to review or an agreed upon method to track and report activity related to the eligibility determination process. Recommendations for resources or changes and efficiencies in the time required to keep current could only be made based on a thorough analysis of the results of the workload requirements.



# Executive Summary (continued)

## Recommendations

### ❖ *Recommendation 1*

After review and analysis, realign the programs in the Division of Developmental Disabilities with stronger, more credible, organizations in order to meet program and organizational needs and to avoid any further erosion in the delivery of services to developmentally disabled clients.

### ❖ *Recommendation 2*

Develop and implement a plan to clarify, strengthen and fulfill policy direction for developmental disabilities programs based on a new business and service culture.

### ❖ *Recommendation 3*

Identify and develop operational procedures and practices that support the policy guidance available to the program.

### ❖ *Recommendation 4*

Develop and implement a policy and supporting plan to communicate in a coordinated way with clients, employees, stakeholders, decision makers, and elected officials about developmental disabilities programs, clients, achievements and challenges on an on-going basis.

### ❖ *Recommendation 5*

Develop and implement a comprehensive information technology plan that supports policy guidance, addresses case and program management needs, and helps mitigate program risks.



# Executive Summary (continued)

## **Recommendations** (continued)

### ❖ *Recommendation 6*

In order to get a strong start on the work to be done, to show immediate improvements and to record some program successes with the next six months, DSHS should:

- Appoint a deputy with specific responsibilities within the program to focus strictly on operations.
- Appoint a communications specialist with specific responsibilities within the program to focus on the development and delivery of consistent program and management information internally and externally.
- Develop and implement a new client eligibility determination procedure reflecting the best practices identified by a quality improvement team of program and field staff.
- Develop and implement a data accuracy procedure that includes data definitions that cross information systems reflecting the best practices identify by a quality improvement team of program and field staff.



# Introduction and Background



# Introduction and Background

## Introduction

- ❖ In February 2002, the Department of Social and Health Services (DSHS) engaged Sterling Associates, LLP to conduct an independent review of the Division of Developmental Disabilities (DDD) focusing on three specific areas including:
  - Management information systems,
  - Operational policies and practices that support cost controls and data accuracy, and
  - Eligibility determination.
- ❖ The Deputy Secretary and the Budget Director are the Executive Sponsors for this review. The Assistant Secretary for Health and Rehabilitative Services Administration is the Project Coordinator. The participants, roles and responsibilities for the review are detailed in Appendix A.
- ❖ The Executive Sponsors related the growing concerns about the lack of credibility of the developmental disabilities program, the increasing scrutiny of the operations within DDD, and the related actions by elected officials and decision makers. The review was initiated as one component of a multi-part plan developed by the Executive Sponsors to address the concerns.
- ❖ The DDD Director and management team expressed their concerns individually and collectively about the numerous studies, reviews and audits that reach similar results whether self-administered or independently conducted. From their perspective, the results reconfirm the weaknesses they have already reported. Another reconfirmation of their weaknesses is seen as having little value in improving the service to developmentally disabled clients or addressing the well-known weaknesses. Skepticism aside, the DDD Director and management team are anxious to do “*whatever it takes*” to avoid having the services delivered to their clients threatened, disrupted or diminished.



# Introduction and Background (continued)

## Background

The Division of Developmental Disabilities in DSHS exists in an environment that is layered in complexity, has ever-increasing client caseloads, under increasing programmatic and financial scrutiny by decision makers, losing experienced staff, and facing increased litigation. The Division is experiencing ever-evolving program implications through case law decisions, diminishing credibility with decision makers, changing standards to measure success, increasing numbers of life-long clients, and lengthening waiting lists for available services.

- ❖ About 33,000 individuals are eligible for services from the Division of Developmental Disabilities. All of these individuals are considered clients.
- ❖ Developmental disabilities are severe, chronic disabilities attributable to mental and /or physical impairment, which manifest before age 18 and are likely to continue indefinitely.
  - Developmental disabilities result in substantial limitations in three or more areas: self-care, receptive and expressive language, learning mobility, self-direction, capacity for independent living, and economic self-sufficiency, as well as the continuous need for individually planned and coordinated service.
- ❖ Program eligibility includes the following disabilities: mental retardation, developmental delay (birth to 6), cerebral palsy, epilepsy, autism, other neurological condition or other conditions similar to mental retardation.
- ❖ Program services provided to clients include case management, Medicaid personal care, employment, community access, infant toddler early intervention, family support, voluntary placement foster care, community supports, residential services, residential habilitation centers, and a dental program.





# Introduction and Background (continued)

## Background (continued)

- ❖ The mission of DDD is:  
***“To endeavor to make a positive difference in the lives of people eligible for services, through offering quality supports and services that are: individual/family driven; stable and flexible; satisfying to the person and their family; and able to meet individual needs. Supports and services shall be offered in ways that ensure people have the necessary information to make decisions about their options and provide optimum opportunities for success.”***
- ❖ The core values of DDD include:
  - Individual worth and development,
  - Continuity and coordination of services,
  - Community participation and partnerships,
  - Respect for employees,
  - Services quality and performance accountability, and
  - Nondiscrimination.
- ❖ The Washington state developmental disabilities client profile describes 46% of all clients as children and 54% of all clients as adults. Ninety-six percent (96%) of all clients live in the community. The remaining four percent (4%) reside in institutions.
- ❖ An estimated 88% of all individuals with developmental disabilities live with their families or in their own households and utilize the natural supports provided by their family, friends and the community<sup>1</sup>.

<sup>1</sup> Department of Health and Human Services, Administration on Developmental Disabilities



# Introduction and Background (continued)

## **Background** (continued)

- ❖ The DDD is responsible for the management and delivery of services to clients with developmentally disabilities through:
  - Contracts with counties, individuals and organizations providing services and care to clients,
  - Six regional offices and 25 outstations throughout the state,
  - Five residential habilitation centers, and
  - Headquarters operations providing program support, policy development, human resource management, financial management, program compliance, and quality assurance.
- ❖ Like the general population growth of persons with disabilities, there are increasing numbers of individuals with developmental disabilities that are living, learning, working, and participating in all aspects of community life representing:
  - About 17% of all children under 18 years of age in the United States, including diverse physical, cognitive, psychological, sensory and speech impairments<sup>2</sup>,
  - Nearly four million Americans in total<sup>3</sup>, and
  - Between 1.2 and 1.65% of the entire population in the United States<sup>4</sup>.
- ❖ Individuals with developmental disabilities are at greater risk than the general population of abuse, neglect, financial and sexual exploitation, and violation of their legal and human rights<sup>5</sup>.

<sup>2</sup> Center for Disease Control, National Center on Birth Defects and Developmental Disabilities

<sup>3</sup> Department of Health and Human Services, Administration on Developmental Disabilities

<sup>4</sup> Department of Health and Human Services, Administration on Developmental Disabilities

<sup>5</sup> Department of Health and Human Services, Administration on Developmental Disabilities



# Introduction and Background (continued)

## Background (continued)

- ❖ Medical knowledge about developmental disabilities is rapidly advancing resulting in:
  - Identification of new disorders such as Asperger Syndrome and Fragile X Syndrome,
  - Increases in the lifespan of individuals with developmental disabilities, and
  - Increases in the overall number of individuals with developmental disabilities.
- ❖ Current needs for individuals with developmental disabilities exceed the existing resources available nationally.
  - In almost every state, individuals with developmental disabilities are reportedly waiting for appropriate service in their communities<sup>6</sup>.
  - Many service delivery systems and communities are not prepared to meet the impending needs of adults with development disabilities who are living at home with parents who are 60 years old or older and who serve as the primary caregivers of these adults<sup>7</sup>.
- ❖ Individuals whose disabilities occur during their developmental period frequently have severe disabilities that are likely to continue indefinitely<sup>8</sup>.
- ❖ As developmentally disabled clients age, their interests, medical needs, and physical needs change and evolve. The services provided to them must change and evolve along with the client<sup>9</sup>.

<sup>6</sup> Department of Health and Human Services, Administration on Developmental Disabilities

<sup>7</sup> Department of Health and Human Services, Administration on Developmental Disabilities

<sup>8</sup> Department of Health and Human Services, Administration on Developmental Disabilities

<sup>9</sup> Department of Health and Human Services, Administration on Developmental Disabilities



# Scope and Objectives



# Scope and Objectives

- ❖ The scope of the DDD review is limited to policies, practices, systems, processes, and functions that affect:
  - Determination of client eligibility,
  - Case management costs, and
  - Data accuracy.
- ❖ The objectives of the review focused on answering these questions:
  - What impacts accurate determination of client eligibility in DDD?
  - What impacts adequate control of case management costs in DDD?
  - What impacts accurate tracking and reporting of case management data in DDD?
  - How can DDD improve the accuracy and reliability of client and case management information used in decision making?
- ❖ The likelihood of success for the review is increased by:
  - Conducting the review in an independent and impartial manner.
  - Involving the DDD staff who do the actual work in the review activities.
  - Soliciting the view point of key stakeholders in the review activities.
  - Understanding the results and outcomes of previous reviews, audits, and studies that are affecting the present environment.
  - Providing findings and conclusions that accurately describe current conditions.
  - Completing the final report by May 15, 2002.



# Methodology



# Methodology

- ❖ During the months of February, March, and April 2002, information was collected from group and individual interviews, focus groups, reviewing documents and systems, and observing actual operations and practices.
  - A site visit to Region 5 was conducted to prepare draft process maps and to develop a baseline understanding of the DDD field work.
  - Interview and focus group sessions were conducted with a variety of individuals to address the review questions from various perspectives.
  - Three focus group and observation sessions were held to identify and clarify current service delivery and management processes and practices.
  - Interviews were conducted to identify current systems, processes, practices and program requirements.
  - Information and data systems were reviewed to identify operational functionality.
  - An analysis was performed to identify the primary program requirements from statutes, codes, policies and directives.
  - Primary program requirements were categorized according to their relationship to the major areas of review including:
    - Management information systems,
    - Operational policies and practices that support cost controls, and data accuracy, and
    - Eligibility determination.
  - The requirements were then compared to the major processes and a gap analysis was performed to determine potential deficiencies.



# Methodology (continued)

- ❖ Interviews were conducted with headquarters staff and Regions 1, 4 and 6. These regions were selected for participation by the DSHS DDD management team. Additional interviews were conducted and information was collected inside and outside of DDD as displayed below.

DDD Case Managers	DDD Resource Managers
DDD Supervisors	DDD Outstation Managers
DDD Social Workers	DDD Business Managers
DDD Regional Administrators	DDD Field Services Administrators
DDD Office Chiefs	DDD Director
DDD Operations Support Staff	DDD Program Support Staff
DDD Analysis and Information Staff	DSHS Deputy Secretary
DSHS Research and Data Analysis	DSHS Chief Information Officer
DSHS Budget and Finance Staff	DSHS Director of Budget
DSHS Assistant Secretary, HRSA	Joint Legislative Audit Review Committee (JLARC) Staff
National Association of State Directors of Developmental Disabilities Services - Technical Assistance Director	





# Methodology (continued)

- ❖ Service delivery practices were identified and five primary processes from Regions 1, 4 and 6 were summarized and documented. The five service delivery processes include:
  - Program eligibility and intake,
  - Case management,
  - Program eligibility review,
  - Client termination, and
  - Service authorization.
    - While these five processes do not represent all of the processes associated with the delivery of services in the field, they do represent a significant portion of the work performed in the field offices. Understanding these processes provides further insight into the issues associated with the focus areas of this review. As depicted on the individual process maps, there are some variations in the tasks included in each process or the order in which the tasks are performed from region to region. (*See Service Delivery Process Maps in Appendices B - D*)
- ❖ Management practices were also identified and three significant processes were summarized and documented for the Division. These three management processes include:
  - Quarterly program review,
  - Case management review, and
  - Client eligibility review.



# Methodology (continued)

## ❖ Management Practices (continued)

- Of the three management practices identified, only one of the processes, the Quarterly Program Review, appears to have been occurring over a significant length of time.
- While each of the regions described the Case Management Review process, none of the regions reported being able to perform the management process on a regular basis.
- Within the last two months, the regions have been provided with several new reports for use in reviewing client eligibility. While noting that this is a new management process that has not yet matured to the same degree the other two management processes have, the Client Eligibility Review process has been summarized in its current form. (*See Management Process Maps in Appendices E - G*)



# Findings



# Findings

## ❖ Management Information Systems

- A plethora of information systems exist within the Division.
  - At least 12 separate systems and databases are used by field staff that are operated and maintained by the DDD headquarters staff.
  - At least 13 separate systems are used by field staff that are operated and maintained elsewhere in DSHS or state government.
  - Region specific systems used by field staff on their local area networks were developed and maintained by the DDD field staff.
  - Region specific systems used by field staff on the desktop to conduct business include written lists, tickler system in accordion folders, word documents, spreadsheets, and databases.
- Program service delivery is not dependent on any information system or database.
- Information systems are primarily used to record data or activity, usually after it occurs.
- Decision making about eligibility, services, or contracts is not dependent on any major information system.
- DDD has had little experience using information systems to help deliver client services, manage client or case functions, or to support decision making.
- The primary program information system, the Common Client Database (CCDB) designed in 1984, does not contain DD business rules for the program or individual services.
- The primary financial information system, the Social Service Payment System (SSPS) designed in the 1980's, does not contain DD business rules for the program or individual services.



# Findings (continued)

## ❖ Management Information Systems (continued)

- Multiple information systems, like the CCDB and SSPS, must be used to record basic case management information about each individual client, such as eligibility, authorized services, or payments to providers.
- Case management staff, with direct knowledge about the client and the provider, make decisions about eligibility and services but do not personally update information system records.
- The information system records are updated by staff with little or no direct knowledge about the client or the provider from hand-written documents generated by the case management staff.
- Data must be entered or recorded numerous times into multiple systems to update all of the client or provider records, such as a change of address.
- Forms or records used to update records do not match the screen layouts making data entry cumbersome, labor intensive and prone to mistakes.
- DDD staff updating information systems are often answering the phone, greeting clients, scheduling appointments and performing other case management functions simultaneously.
- Education and training for the program staff on systems' purposes, usage and data capture varies widely by region, by assignment and by classification.
- Education and training for the technology staff on business operations and systems development and support varies widely by location.



# Findings (continued)

## ❖ Management Information Systems (continued)

- Data entry fields are highly flexible and appear to have few edits, thus allowing input of inconsistent information into the same field by multiple users.
- Data entry fields utilize many codes that require memorization or reference materials to complete.
- Authorization codes are modified regularly within SSPS requiring close attention and concentration to assure accuracy.
- The SSPS is used to track program and case management information that is not available in the CCDB.
- Report capabilities were not developed as part of the basic functionality of the primary systems used within DDD.
- Management information reports about clients, authorized services, providers, contracts, and costs are available upon request by the individual region or office.
- Very few management information reports are generated on a recurring basis and distributed to each region or office for review and analysis.
- The number of pending information system changes and requests far exceeds the resources available to plan and manage the resulting projects.
- Management information systems currently lack reliability and capacity to support program operations on a statewide basis Monday through Friday from 8:00 am to 5:00 pm.
- Network and application stability is maintained by restricting the time the system is available in each region and the functions being initiated in the field.



# Findings (continued)

## ❖ Management Information Systems (continued)

- Case management services take precedent over data updates or corrections within systems.
- Increasing direct client services has taken precedence within DDD over investments in information technology to address increased workload demands.
- The definition of a task, activity or process can vary widely within a region as well as between regions.
- Using the same term without having a common program definition creates confusion, misunderstandings, and mistakes inside DDD as well as outside DDD.
- Responsibility for data accuracy is not clearly delineated within DDD.
- Information is not treated as a valuable and necessary business asset within DDD.
- Roles and responsibilities for the development, operation and maintenance of information systems within DDD are not clearly documented, understood or enforced.
- Local information systems have been developed without considering the statewide business needs or resource demands.
- Information systems designed without the benefit of system standards have inconsistent architecture, operating systems, data definitions, and data structures making data exchange or interfaces between systems challenging at best.
- Decisions about the use of program resources are being made locally to resolve problems that could be addressed more efficiently at a statewide level.



# Findings (continued)

- ❖ Management Information Systems (continued)
  - Historically, individual systems have been developed and implemented in response to specific program changes or the addition of new services, resulting in a myriad of systems with different functionality.
  - Very limited resources have been applied to information technology planning that is based on the strategic direction of the developmental disabilities program, resulting in the continued development of narrowly designed, individual systems to solve the identified business requirements.
- ❖ Operational Policy and Practices that Support Cost Controls and Data Accuracy
  - The case managers and field staff consistently understand the maximum annual cost allowable for the Family Support Program and maintain costs for each eligible client within the approved dollar limit.
  - The case managers reportedly identify and utilize services and support for their clients that have little or no cost associated with them whenever possible.
  - The case managers do not receive training regarding cost controls, data accuracy or general case management guidelines prior to assignment of clients on their caseloads.





# Findings (continued)

- ❖ Operational Policy and Practices that Support Cost Controls and Data Accuracy (continued)
  - Natural support systems often provided by the client's family and friends are preferred over those provided by contractors or the community. Developing and coordinating natural support systems by family and friends of the client takes the case manager additional time to accomplish than simply authorizing the support from a provider. The case managers speculate that spending more time with each client and understanding their residential and social situation would allow them to identify natural support and reduce the overall program costs.
  - Staff are developed into functional specialists in some regions to take advantage of their expertise and avoid unnecessary program costs or data entry errors.
  - The policies expressed regarding cost controls by DDD managers are not consistent with the practices described or observed in the field offices.
  - Written direction regarding the desired and expected cost control practices have not been developed.
  - The policies expressed regarding data accuracy by DDD managers are not consistent with the practices described or observed in the field offices.
  - Written direction regarding the desired and expected practices to improve data accuracy have not been developed.



# Findings (continued)

## ❖ Eligibility Determination of Developmental Disabilities

- There are numerous policies available to the DDD staff to use in making the determination of eligibility.
- There are no standard procedures set for conducting the eligibility process.
- The case managers do not receive training prior to assignment of clients on their caseloads.
- Determining program eligibility requires specialized knowledge and training about the conditions presented by applicants with developmental disabilities and other disabilities and behaviors.
- Determining eligibility of an applicant can take a few hours, a few days or many months to complete. The process is highly dependent on two key factors; the availability of documentation regarding the applicant's condition, and the local backlog of work.
- The time between requesting eligibility and conducting the eligibility interview with the applicant varies from a few days to many months depending on the field office conducting the process.
- Upon request from an applicant, the eligibility process is performed at the program level to determine if the person meets the guidelines specifically defining development disabilities.
- If an applicant is determined to be eligible at the program level, another eligibility process may be required with different guidelines and requirements depending on the service the individual is applying for.



# Findings (continued)

- ❖ Eligibility Determination of Developmental Disabilities (continued)
  - Applicants who are not eligible for the program are not recorded within any of the information systems.
  - The records documenting the eligibility process are not handled in a routine manner throughout DDD for applicants who are found ineligible.
  - Information regarding an applicant determined ineligible is not readily known or even available to anyone other than the person who conducted the previous eligibility process.
  - The current statutory language describing developmental disabilities is out-of-date from the medical diagnosis perspective and from recent judicial outcomes.
  - The current statutory language describing developmental disabilities is interpreted and clarified by staff specialists on different topics in an effort to increase consistency.
  - Different forms and documents are used to conduct the eligibility process and capture case management information between regions as well as within a region.
  - Individual assessments of applicants are not always conducted in a thorough manner in order to make the most informed eligibility determination possible even when there appears to be conflicting information about the capabilities of the applicant.
  - After an applicant is determined eligible, the need to conduct future eligibility reviews is not consistently recorded within the appropriate files or systems.



# Findings (continued)

- ❖ Eligibility Determination of Developmental Disabilities (continued)
  - For many years, eligibility for services was determined by each case manager for the clients on their caseload.
  - Eligibility decisions were made based on the readily available information and the amount of time available to the case manager before having to respond to the next priority.
  - As eligibility requirements have changed over the years, the individual eligibility of a client may change creating adverse reactions by the client, the family, or the community.
  - The outcome of the eligibility process can be manipulated by savvy individuals with previous experience and knowledge of the process.
  - The outcome of the eligibility process can be influenced by pressure applied from sources outside DDD.
  - Before eligibility determination specialists were developed, the reliability of the results varied widely depending on the individual performing the process.
  - Determining the best approach to the eligibility process is left up to each region and is not systematically reviewed from a quality perspective -- individually or collectively.



# Conclusions



# Conclusions

Specific areas of focus were identified at the beginning of the review by the Executive Sponsors. Each of the 12 specific areas to be addressed within the review are delineated below. Conclusions reached from the analysis of the findings are presented for each area as requested.

## ❖ **Management Information Systems**

1. *Assess the adequacy of present management information systems and processes to maintain accurate and timely information on client eligibility, services authorized, and contract compliance.*

The present management information systems and processes are not adequate to maintain accurate and timely information on client eligibility, services authorized, and contract compliance.

In order to maintain accurate and timely information on client eligibility, services authorized, and contract compliance, significant changes would be necessary to the present MIS systems and processes. These changes could only be effective after basic program guidance, mission, goals and policies are clarified and documented. Systems and processes could then be reviewed and re-designed to support these program directives. Without clearly understanding the program goals, changes to processes and systems will continue in a piece-meal fashion.

Reprioritization of scarce resources for these purposes would be necessary. Current resources are not adequate to process the requested system changes and upgrades in a timely manner. Decision makers would have to be consulted and advised of the situation and the proposed remedy prior to implementation. Communication with clients, employees, advocacy groups and the public would be necessary prior to implementation as well. Strong, committed leadership would be needed to implement changes of this magnitude.



# Conclusions (continued)

2. *Assess the adequacy of the existing data “system” to support case managers, supervisors, office managers, regional managers, and program managers in headquarters. Elements of the system include Common Client Database, SSPS, Trends and Patterns, VPP, CHRIS, Community Protection, the Contracts Database, and others as identified.*

The existing data “system” is not adequate to support case managers, supervisors, office managers, regional managers, and program managers in headquarters.

The existing data system was not designed to support case management functions or program management functions in the DDD. Individual client case files or provider contract files are used as the primary tool to support case management functions needing data in order to make a decision. The data system does not provide the user with the right information in order to make a sound business decision.

Information systems reflecting the DDD case management standards, business rules, portability, security, analytical tools, and management reporting capabilities would not be the only thing needed. A stable, statewide network capable of supporting the applications and the expected volume of users would have to be obtained. Desktop equipment would also have to be secured to operate the new information systems. A comprehensive technology plan built upon the program strategic plan does not exist.

3. *Identify steps which can be taken to improve the reliability of data generated by the MIS “system.”*

See Recommendations.



# Conclusions (continued)

4. *Evaluate the interface of the SSPS-CCDB systems, i.e. between eligibility/enrollment and payment systems and the problems these systems pose for data reconciliation and data integrity.*

The new database application being developed as the interface of the SSPS - CCDB systems, does little to change the problems these systems pose for data reconciliation and data integrity.

The new application extracts the existing data (accurate or inaccurate) from each system and allows the data entry staff to view more data on one screen without having to move between applications. The staff can view some identifying data from the client record in CCDB based on the client identifier number. The name, address, social security number and birth date are displayed on the screen to identify any possible discrepancies between the client shown on the screen and the client being authorized service. Current clients should have the same data on the screen as is shown on the document being used to authorize services and payments. Corrections needed to the data displayed from CCDB cannot be entered from this application. Eligibility information is not included in the data displayed.

Upon entry of the provider number, data from the provider record in SSPS is available for the staff to view. The name and address are displayed on the screen. The staff can confirm this data prior to authorizing any services. The staff are able to update the data displayed from SSPS if corrections are needed. Provider contract information is not included in the data displayed. Current contract information that is needed to improve data reconciliation and integrity problems is not contained with either the SSPS or CCDB systems.





# Conclusions (continued)

## ❖ Operational Policy and Practices that Support Cost Controls and Data Accuracy

### 1. *Evaluate case management practices for service authorization.*

Case management practices for service authorization are not standardized within the DDD in order to support cost controls or data accuracy.

The field staff have received very limited direction or training on the case management practices they are expected to follow or the outcomes they are expected to achieve. Actual practices not only vary from the established policies but from office to office. Field offices are organized in a variety of ways to provide case management services and to provide service authorization. Efficiencies in the way operations are organized and services are delivered are not evident or strongly emphasized. The current practices have not been evaluated to determine a “best practice” model that supports cost controls and data accuracy.

### 2. *Assess current controls available to case managers for tracking authorizations against eligibility and valid service contracts.*

Current controls available to case managers for tracking authorizations against eligibility and valid service contracts can better be described as tools and not as controls. These tools vary by region.

Case managers are provided a variety of tools to track authorizations for their clients, current information about client eligibility, and information on valid service contracts. These are usually kept in separate systems or files and require the case manager to manually access client or provider files, reports and lists to accumulate each piece of information and determine whether further authorizations can be approved.



# Conclusions (continued)

3. *Evaluate quality control capabilities available for case management supervisors for tracking case management service authorizations.*

Case management supervisors can request reports on service authorizations for their staff to track the authorizations approved.

Supervisors have recently withdrawn the ability to increase service authorizations for any client more as a cost control measure than a quality control measure. Reports are not automatically generated and provided to case management supervisors to review and analyze service authorization activity approved by their staff. Quality control standards are not developed which could provide direction to the case management supervisors on what they are expected to do, how often and what follow up is expected. Case management supervisors report having little experience performing these tasks.

4. *Assess information available to management staff regarding the number of service authorizations, viable contracts, and client eligibility.*

Management staff have recently been provided reports regarding the number of service authorizations, viable contracts, and client eligibility.

Management staff have been reviewing and analyzing the new reports and taking actions needed to correct any identified errors or problems. Regional Administrators are required to report on the progress made to correct these issues. The emphasis on service authorizations, viable contracts and client eligibility has recently increased. Standard management reports have not been generated on a regular basis or handled consistently throughout DDD.



# Conclusions (continued)

**5. *Review monitoring tools available to regional and headquarters management staff.***

Monitoring tools available to regional and headquarters management staff relate quantitative, monthly fiscal and client information.

Information is gathered from various systems, interpreted for its true meaning, analyzed and graphed. How the information is verified for accuracy before it is reported is unknown. Program and client costs are cited throughout the report. Measures taken to control costs are not specifically described.



# Conclusions (continued)

## ❖ Eligibility Determination of Developmental Disabilities

1. *Examine eligibility determination including processes, information available, input required, and systems for notification of changes in age and eligibility determination.*

The eligibility determination process is not standardized within the DDD. Information available, input required, and systems for notification of changes in age and eligibility determination all vary by region.

DDD has made a concerted effort to improve the initial determination of eligibility by increasing the training and support provided to the staff performing this process in the field. Training on the interpretation of the statutes has increased the expertise and knowledge of these field staff. The current statutory language describing developmental disabilities could be modified to decrease confusion about the meaning of the wording.

Organization of the process steps varies somewhat by field office. Field offices have recently assigned more staff to this process to decrease the backlog. Notification to the applicants or clients after a determination is made follows a similar pattern. Standard notification to clients who are approaching possible changes in eligibility due to age or other circumstances have not been developed.

2. *Recommend system changes or efficiencies that may be implemented.*

See Recommendations.



# Conclusions (continued)

3. *Review the workload requirements in the eligibility determination process and recommend resources or changes and efficiencies in the time required to keep current.*

Review of the workload requirements in the eligibility determination process was not possible given the lack of a standardized eligibility determination process to review or an agreed upon method to track and report activity related to the eligibility determination process. Recommendations for resources or changes and efficiencies in the time required to keep current could only be made based on a thorough analysis of the results of the workload requirements.

The eligibility determination process encompasses different tasks and elements depending on region operations and practices. The field offices do not define or perform the tasks in a consistent manner. The process does not currently have standardized definitions for the tasks or guidance on what activities constitute performance of a task. After a standardized definition of the process is developed, an accurate method of collecting and reporting of the volume of work associated with this process and the level of effort expended to perform this process would have to be developed to complete a reliable review.



# Recommendations



# Recommendations

- ❖ Considering the overall conditions found during the review, the Executive Sponsors face a daunting challenge that will take long-term commitment and diligence to execute. We have not assumed that the Executive Sponsors would automatically adopt any recommendations without carefully weighing the value of the action and the associated risks.
- ❖ Recommendations aimed at quick fixes resulting from this review would be competing with recommendations that address long term change for the program. Given what appears to be very limited organizational resources or excess capacity anywhere in DDD headquarters or the field, all of the recommendations provided are aimed at using the existing resources to achieve long-term improvements to services and business functions.
- ❖ It is our belief that vulnerable developmentally disabled clients will directly benefit from long-term improvements while their basic health and safety is unlikely to change much as a result of any quick fixes. Stated another way, we are not recommending using your resources to achieve changes that don't contribute to long-lasting, fundamental improvements in systems or services.



# Recommendations (continued)

## ❖ Recommendation 1

After review and analysis, realign the programs in the Division of Developmental Disabilities with stronger, more credible, organizations in order to meet program and organizational needs and to avoid any further erosion in the delivery of services to developmentally disabled clients.

*This recommendation is based on the findings and conclusions that relate to the lack of credibility and confidence in DDD, the fragile nature of the systems within DDD, the lack of program controls within DDD, and the lack of adequate resources to meet program and operational demands. Serious discussion about the existing challenges and the needed support from decision makers and elected officials to address the current program conditions cannot occur without addressing this issue first. The program and organizational adjustments should strive to achieve the following benefits:*

- Make a bold, strong move, recapture control of the messages being delivered about DDD, and declare, internally as well as externally, that business as usual is no longer possible for the programs involved.
- DDD can take advantage of a program partner with infrastructure, systems, business practices, and expertise already developed through sharing, consolidation or adoption of the resources available within both existing organizations.
- The other program or programs can take advantage of DDD's established relationships with advocacy groups, the strong work ethic by staff, and expert services provided directly to clients.
- DDD's clients benefit by receiving consistent, case management services that may even be delivered for more than one program in a coordinated fashion.





# Recommendations (continued)

## ❖ *Recommendation 1* (continued)

- DSHS and DDD can avoid losing any more credibility due to the perception that any programs or resources are being poorly managed.
- DSHS and DDD can take advantage of existing credibility and positive relationships that are well established in other DSHS programs with decision makers and elected officials.
- DSHS creates the ground rules and expectations for the new organization along with the criteria for measuring success in the future.
- DSHS supports the leaders in the new organization with their commitment to making this effort a success by taking full advantage of their knowledge, expertise and personal effectiveness.
- DSHS acknowledges that this effort will be arduous, require constant time and attention, and demand profound leadership from many individuals and organizations that have not worked closely together in the past.



# Recommendations (continued)

## ❖ Recommendation 2

Develop and implement a plan to clarify, strengthen and fulfill policy direction for developmental disabilities programs based on a new business and service culture.

*This recommendation is based on the findings and conclusions that relate to the current conflicting policy direction in statute, the need to understand what policy will be pursued within DSHS, the confusion about expected business and service considerations, and the confusion about expected program outcomes and measures of success. Clarifying policy direction should result in these benefits:*

- Undertaking this effort will allow DSHS to exhibit the strong leadership skills and abilities with staff, stakeholders, decision makers and elected officials that will be necessary to create this new culture and fulfill the policy expectations that are supported by adequate resources.
- Exhibiting its expert knowledge of this complex topic, DSHS can position itself to become the preferred source of reliable information about developmental disabilities services, clients and program outcomes.
- Emphasizing the importance of ongoing planning at the strategic and tactical levels, DSHS can reduce the confusion that currently exists around what the direction of the program is, how it is expected to be fulfilled, how much it costs, and how its success will be measured.
- Considering the policy direction, DSHS can deliberately design the organization to support the delivery of services based on the new business and service culture, and risk mitigation strategies.
- DSHS articulates the requirements and expectations of leadership positions and appoints individuals who have the required skills, knowledge and abilities.



# Recommendations (continued)

## ❖ Recommendation 3

Identify and develop operational procedures and practices that support the policy guidance available to the program.

*This recommendation is based on the findings and conclusions that relate to the lack of standards that exist in delivering services, determining client eligibility, documenting case management services and activities, or managing the available programs and resources. Operational procedures and practices should result in these benefits:*

- DSHS can standardize the approach taken to delivering service to clients in a manner that supports the new business and service culture within a new organization.
- DSHS can implement controls and processes that increase the likelihood of achieving specific outcomes - such as accurately determining eligibility or recording data.
- Clients will receive services delivered in a more consistent manner statewide.
- DSHS can take advantage of the many creative ideas that staff have for improvements by actively engaging them in a thorough examination of business requirements and redesigning the approach to meeting these requirements.
- DSHS builds quality measures, risk management considerations, and program requirements into redesigned processes that are commonly defined and clearly measured.
- DDD can determine how to use its resources to the greatest advantage by developing procedures that reflect the preferred best practice, given statewide program and business considerations.



# Recommendations (continued)

## ❖ *Recommendation 3* (continued)

- DDD increases the ability of staff to deliver case management services in a consistent manner that is practical, efficient, and defensible.
- Program staff are well trained to provide the services expected, can effectively utilize the tools available to support their work, and understand how they will be evaluated on their work.



# Recommendations (continued)

## ❖ Recommendation 4

Develop and implement a policy and supporting plan to communicate in a coordinated way with clients, employees, stakeholders, decision makers, and elected officials about developmental disabilities programs, clients, achievements and challenges on an on-going basis.

*This recommendation is based on the findings and conclusions that relate to the lack of credibility and confidence in DDD, the complex nature of conditions experienced by clients, the array of programs and services provided by DDD, the multitude of independent systems used for various program purposes and in various ways to record and track information, the lack of edits and business rules within the systems, the lack of standards in procedures and practices, and the multiple sources of data needed to make sound decisions about clients and programs. The nuances involved in communicating program and management information are of the highest importance to improving the credibility of DDD and DSHS. The program must take significant steps to avoid using inconsistent information or delivering confusing messages. This will require a very disciplined approach to communication within the program and the agency. The communication policy and plan should result in these benefits:*

- DDD can clearly delineate the roles and responsibilities of staff in preparing and providing information related to program services or clients whether responding to an external request or initiating the communication internally.



# Recommendations (continued)

## ❖ *Recommendation 4* (continued)

- DSHS and DDD can avoid having information released that is inconsistent or leads to confusion about what it means that could diminish its credibility.
- DDD can share its vast knowledge and expertise to improve the understanding about these complex, life-long conditions and how they are managed.
- DSHS can report on what it plans to do to improve program services to clients and to increase credibility and confidence in the management of these programs.
- DSHS can establish a regular reporting schedule to monitor and track the progress made on all elements of the plan.



# Recommendations (continued)

## ❖ Recommendation 5

Develop and implement a comprehensive information technology plan that supports policy guidance, addresses case and program management needs, and mitigates program risks.

*This recommendation is based on the findings and conclusions that relate to the use of no less than 25 individual management information systems to support individual case management or program management needs, the use of multiple systems for purposes other those purposes they were designed to provide, the fragile nature of the equipment and the applications of the current systems, the lack of edits and business rules with the existing systems, the lack of understanding of the current systems and how to use them to support program activities, the lack of data definitions or standards between systems, and the lack of identified roles and responsibilities for systems and technology resources. The information technology plan should result in these benefits:*

- DSHS acknowledges that information about their services and clients is a priceless asset internally and externally and begins to manage this asset within the program area in an entirely different way than it has in the past.
- DDD assigns clear responsibility for this asset to a specific position within the organization.
- DDD establishes technology standards that are consistent with DSHS standards and takes advantage of available technical, physical and human resources.
- DDD uses its resources in a manner that benefits the entire program first.



# Recommendations (continued)

## ❖ *Recommendation 5* (continued)

- DDD abandons the continual development of individual systems that are not contributing to the long-term needs of the program.
- DDD defines the roles and responsibilities of all positions involved in the information technology plan.
- DDD staff know what is expected of them and how they will be held accountable for supporting the plan.





# Recommendations (continued)

## ❖ *Recommendation 6*

In order to get a strong start on the work to be done, to show immediate improvements and to record some program successes within the next six months, DSHS should:

- Appoint a deputy with specific responsibilities within the program to focus strictly on operations.
- Appoint a communications specialist with specific responsibilities within the program to focus on the development and delivery of consistent program and management information internally and externally.
- Develop and implement a new client eligibility determination procedure reflecting the best practices identified by a quality improvement team of program and field staff.
- Develop and implement a data accuracy procedure that includes data definitions that cross information systems reflecting the best practices identified by a quality improvement team of program and field staff.



# Appendices

Appendix A	Participants, Roles and Responsibilities
Appendix B	Service Delivery Process Maps - Region 1
Appendix C	Service Delivery Process Maps - Region 4
Appendix D	Service Delivery Process Maps - Region 6
Appendix E	Quarterly Program Review Process Map
Appendix F	Case Management Review Process Map
Appendix G	Client Eligibility Review Process Map



# Participants, Roles and Responsibilities

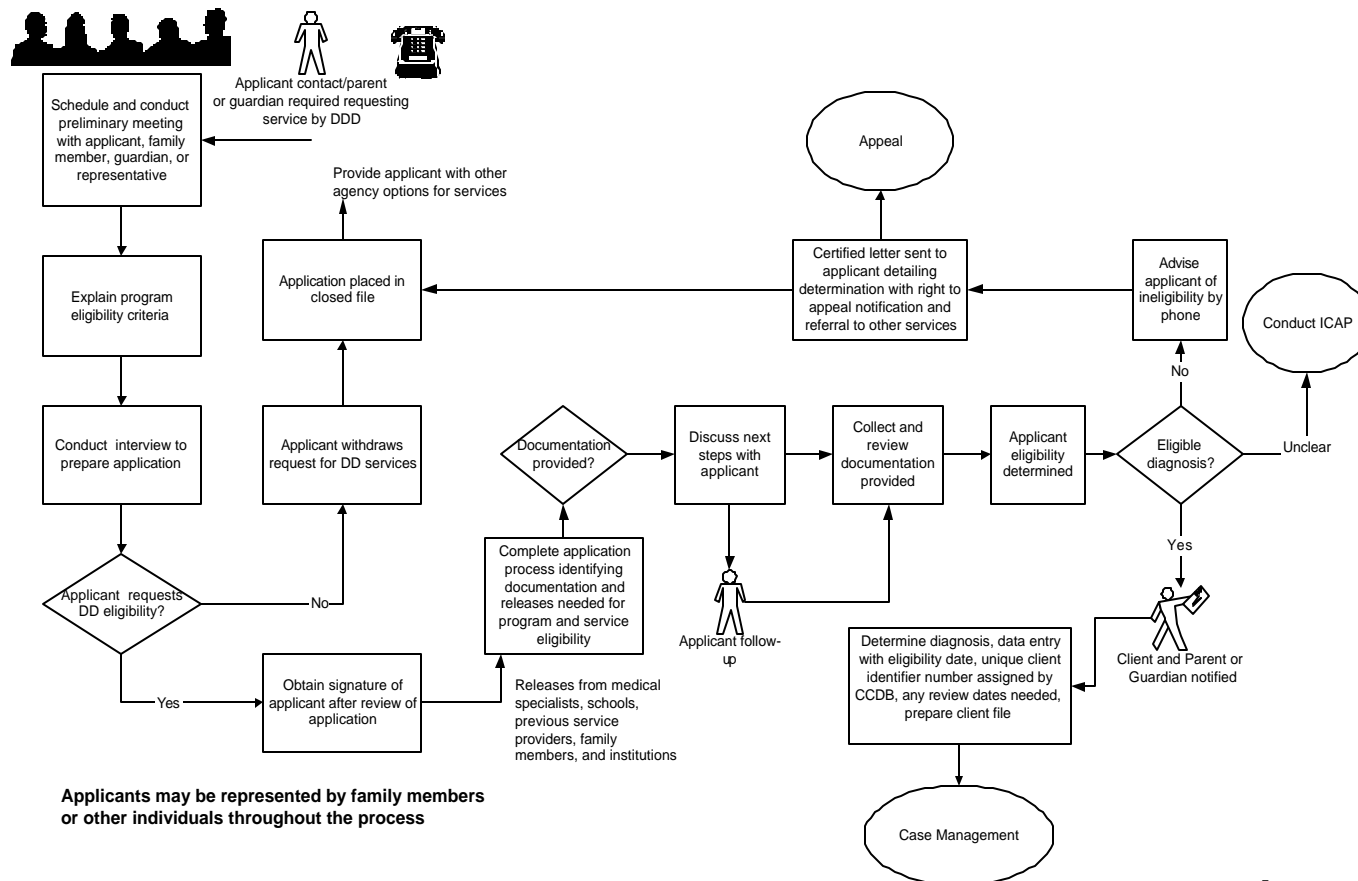
	Executive Sponsors	Project Coordinator	Program Manager	Office Chiefs	Regional Administrators	Project Liaison	Project Team	Sterling Associates
<b>Individual or Group</b>								
Liz Dunbar, DSHS Deputy Secretary	Ö							
Stan Marshburn, DSHS Budget Director	Ö							
Tim Brown, DSHS Assistant Secretary		Ö					Ö	
Linda Rolfe, DDD Director			Ö				Ö	
Pat Buker, Colleen Erskine, Linda Johnson, Sandy Loerch, Janet Adams				Ö			Ö	
Karen Santschi, Marybeth Poch, Paul Reynolds, anita delight, Randy Burge, Geoff Hartford					Ö			
Marybeth Poch							Ö	
Debbie Hoines						Ö		
Bruce Mrkvicka, DSHS Senior Executive						Ö		
Kim Rau, Kathleen Nolte, Julie Boyer, Wendy Korthuis-Smith, Matt Krieger								Ö

Appendix A



# Program Eligibility and Intake

Region 1

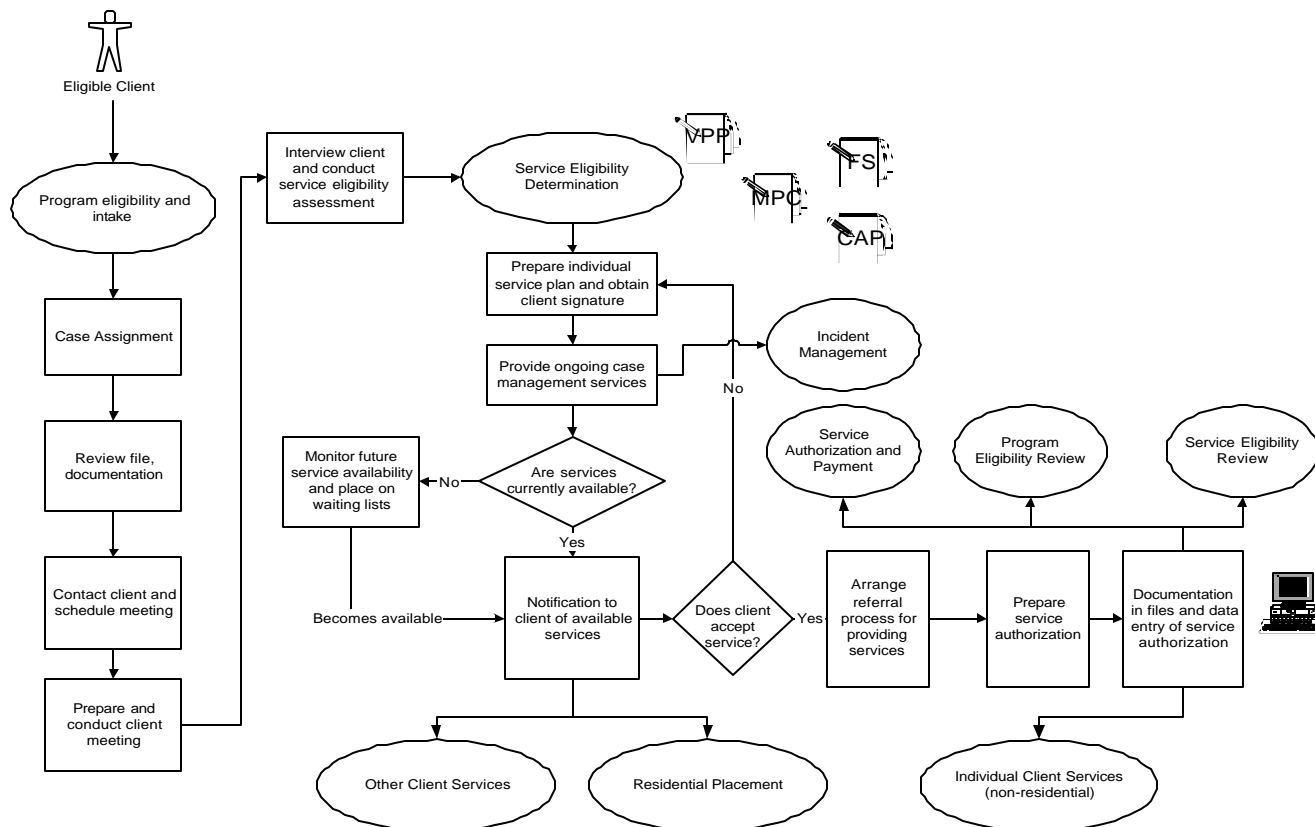


Appendix B



# Case Management

Region 1



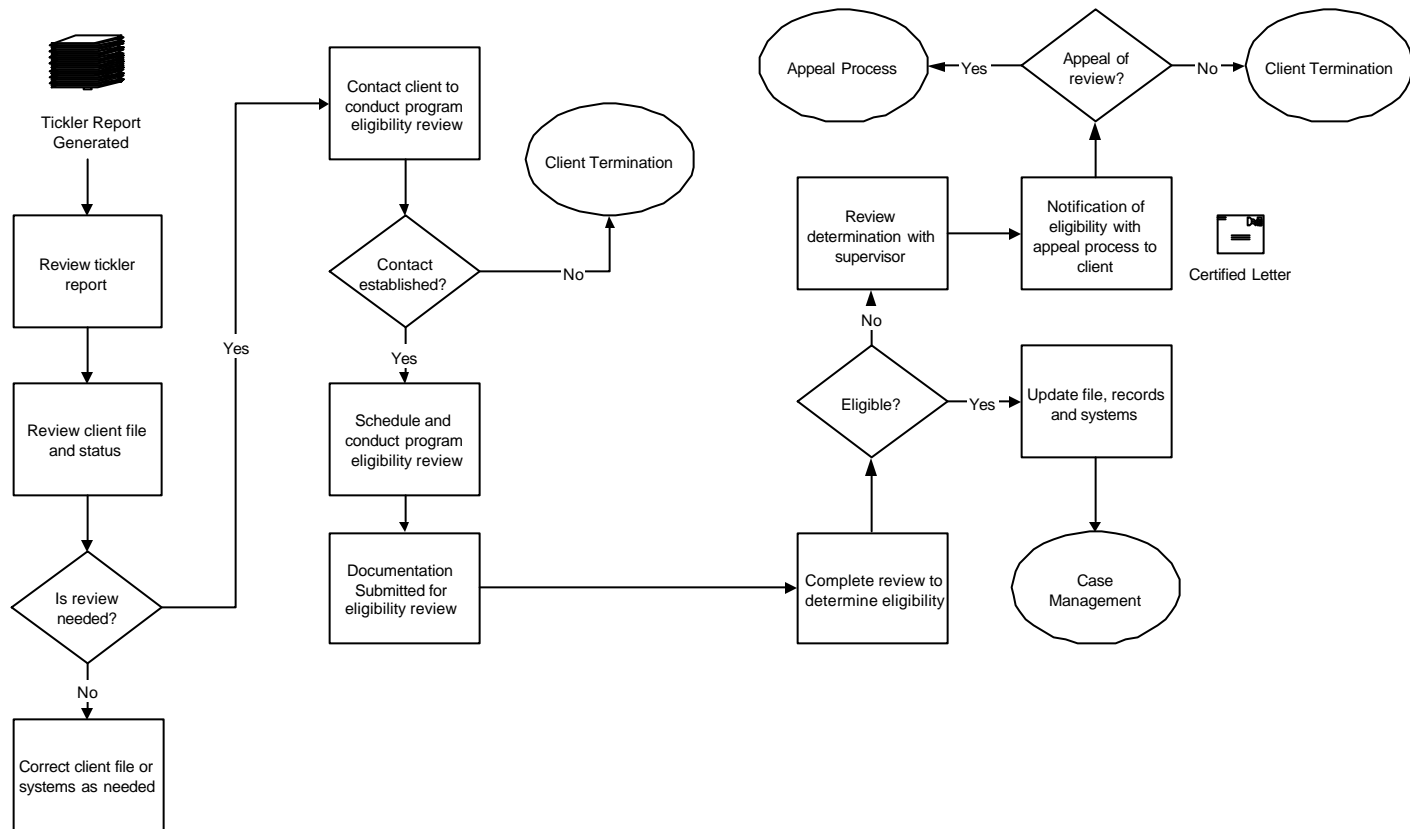
Applicants may be represented by family members or other individuals throughout the process

Appendix B



# Program Eligibility Review

Region 1



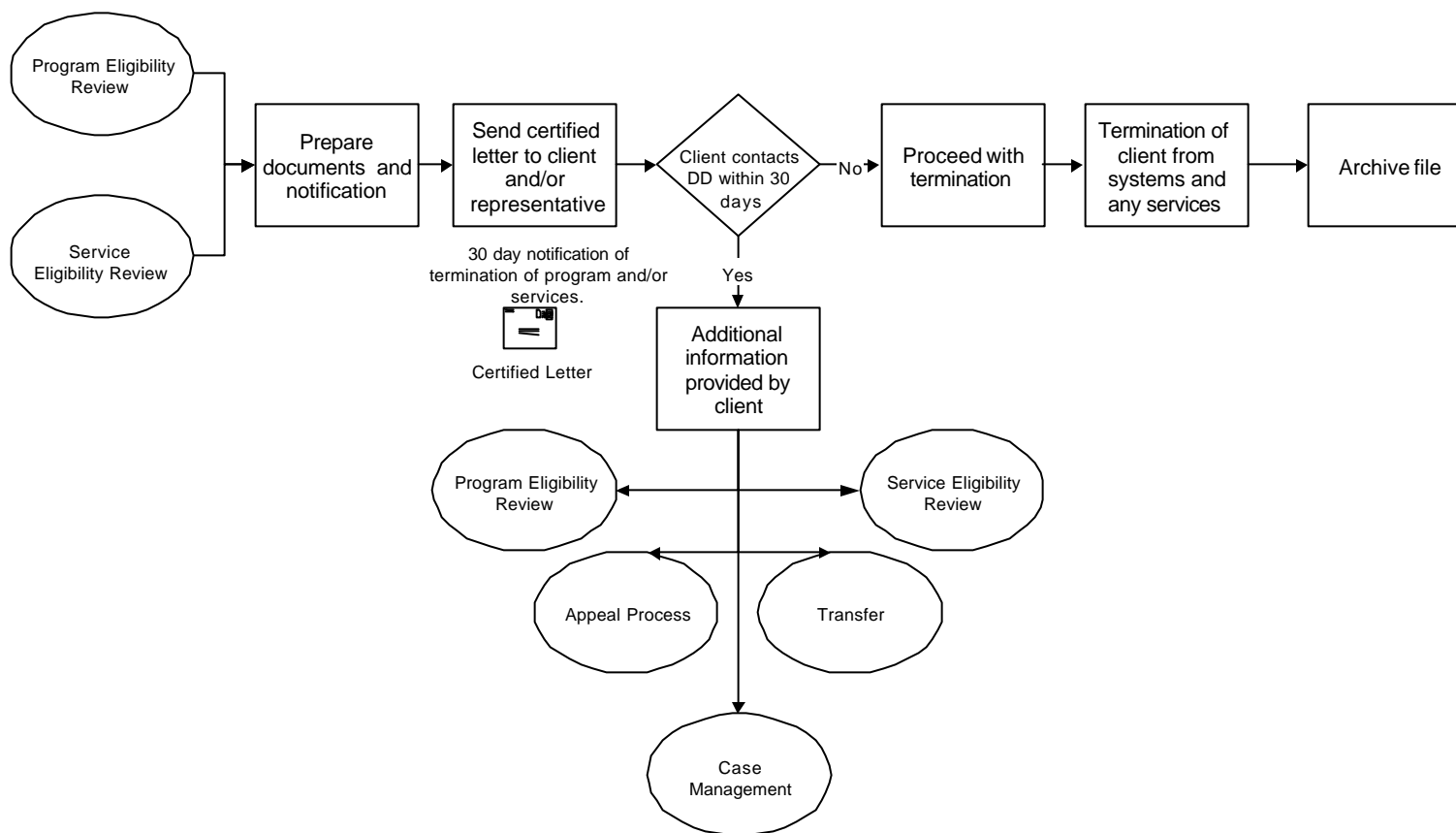
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Appendix B



# Client Termination

Region 1



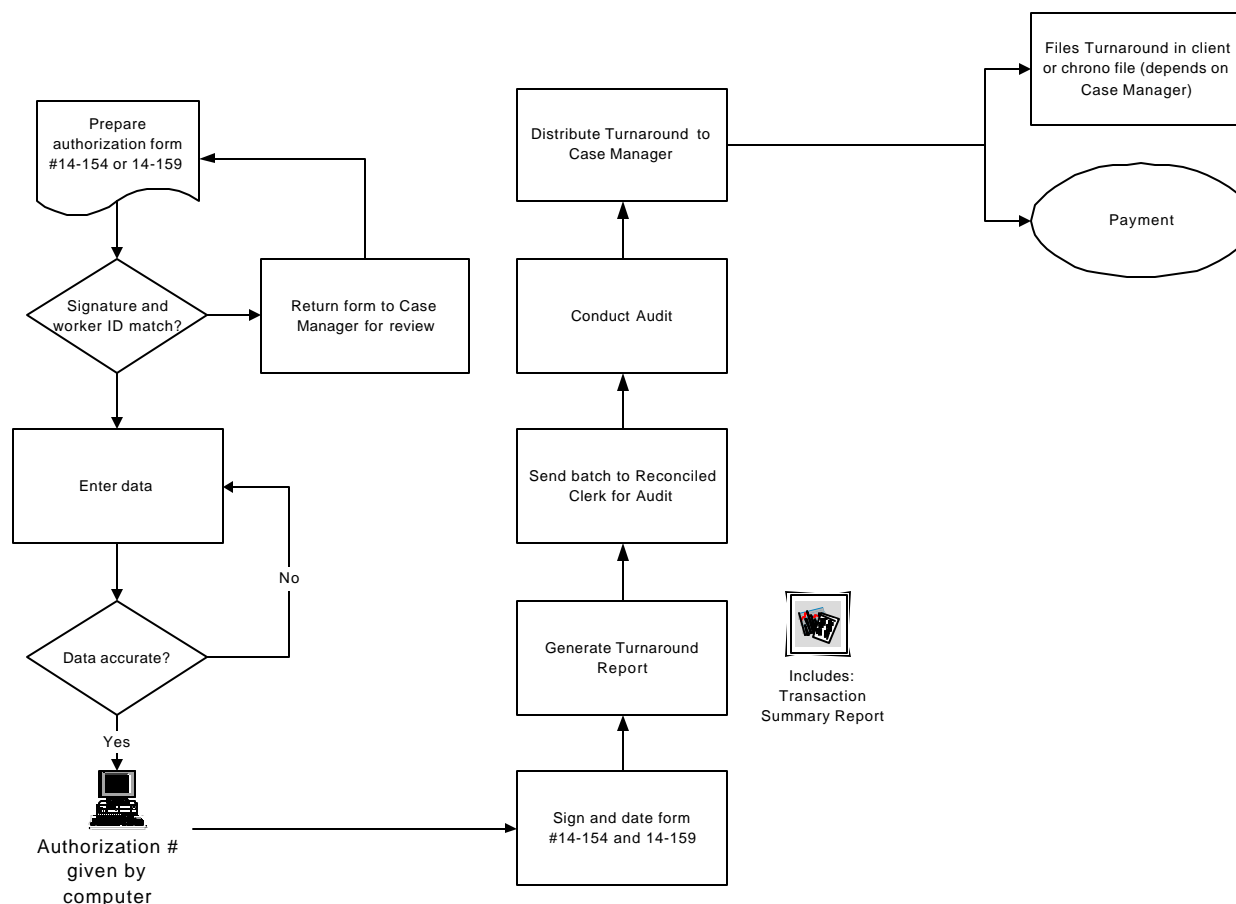
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Appendix B



# Service Authorization

Region 1



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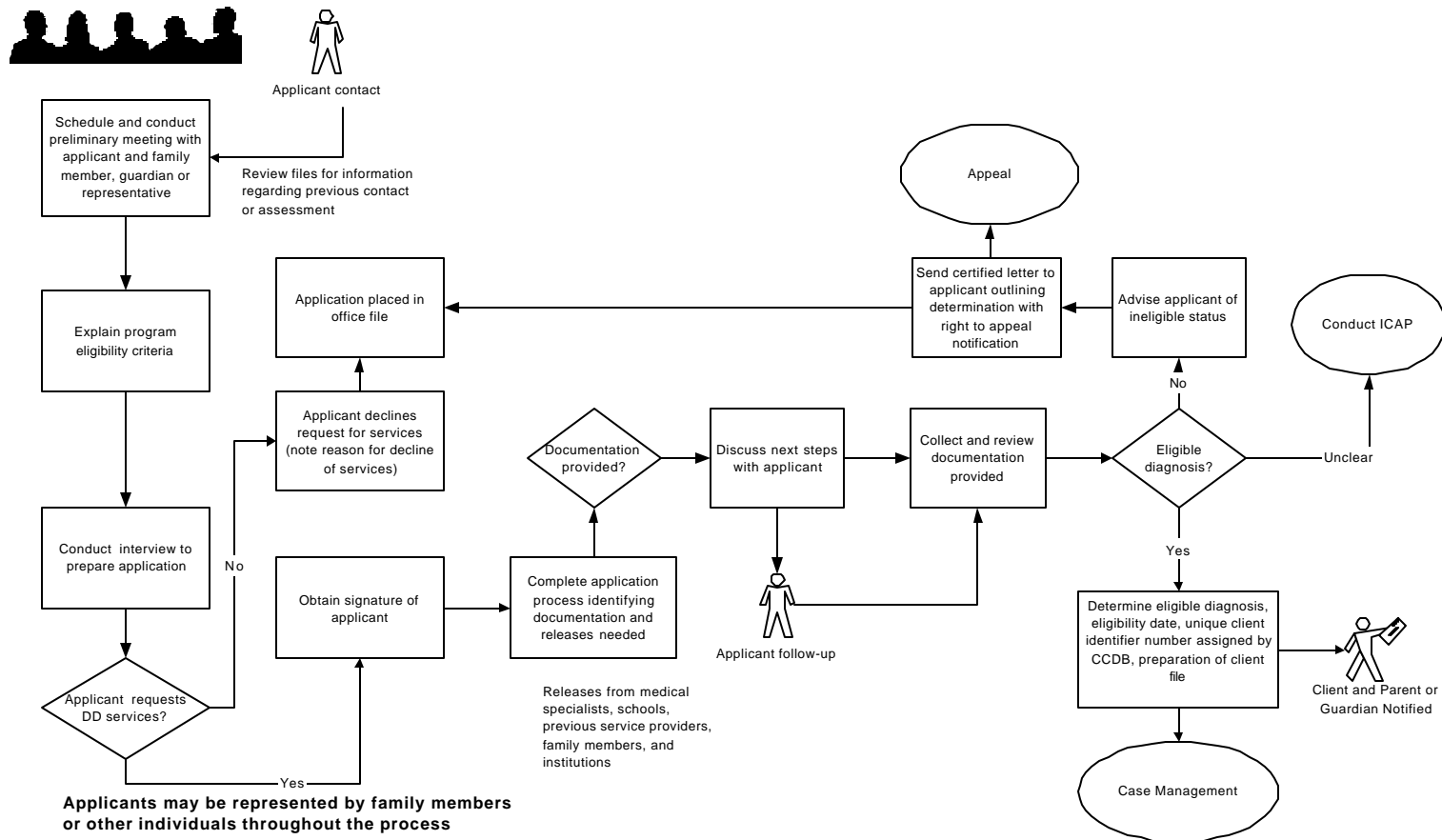
Appendix B





# Program Eligibility and Intake

Region 4

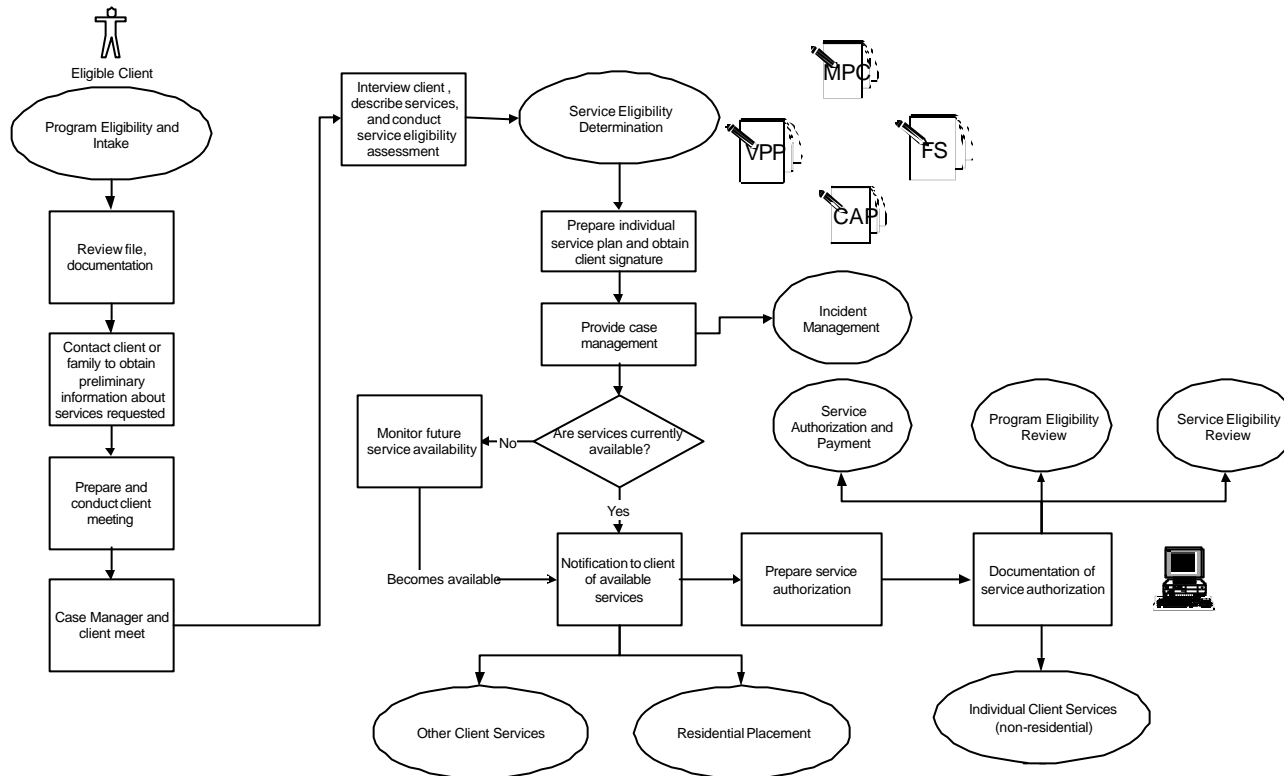


Appendix C



# Case Management

Region 4



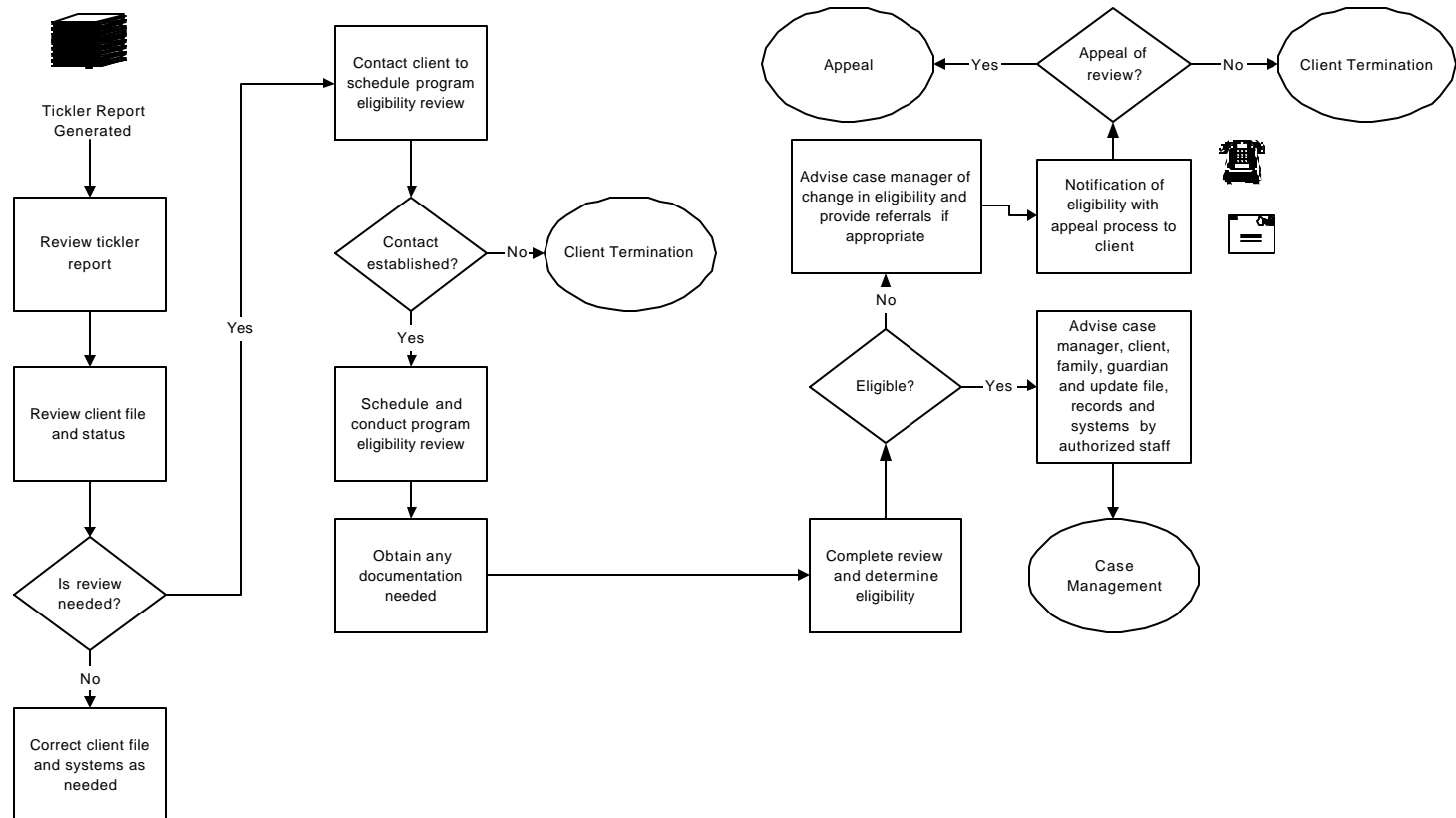
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Appendix C



# Program Eligibility Review

Region 4



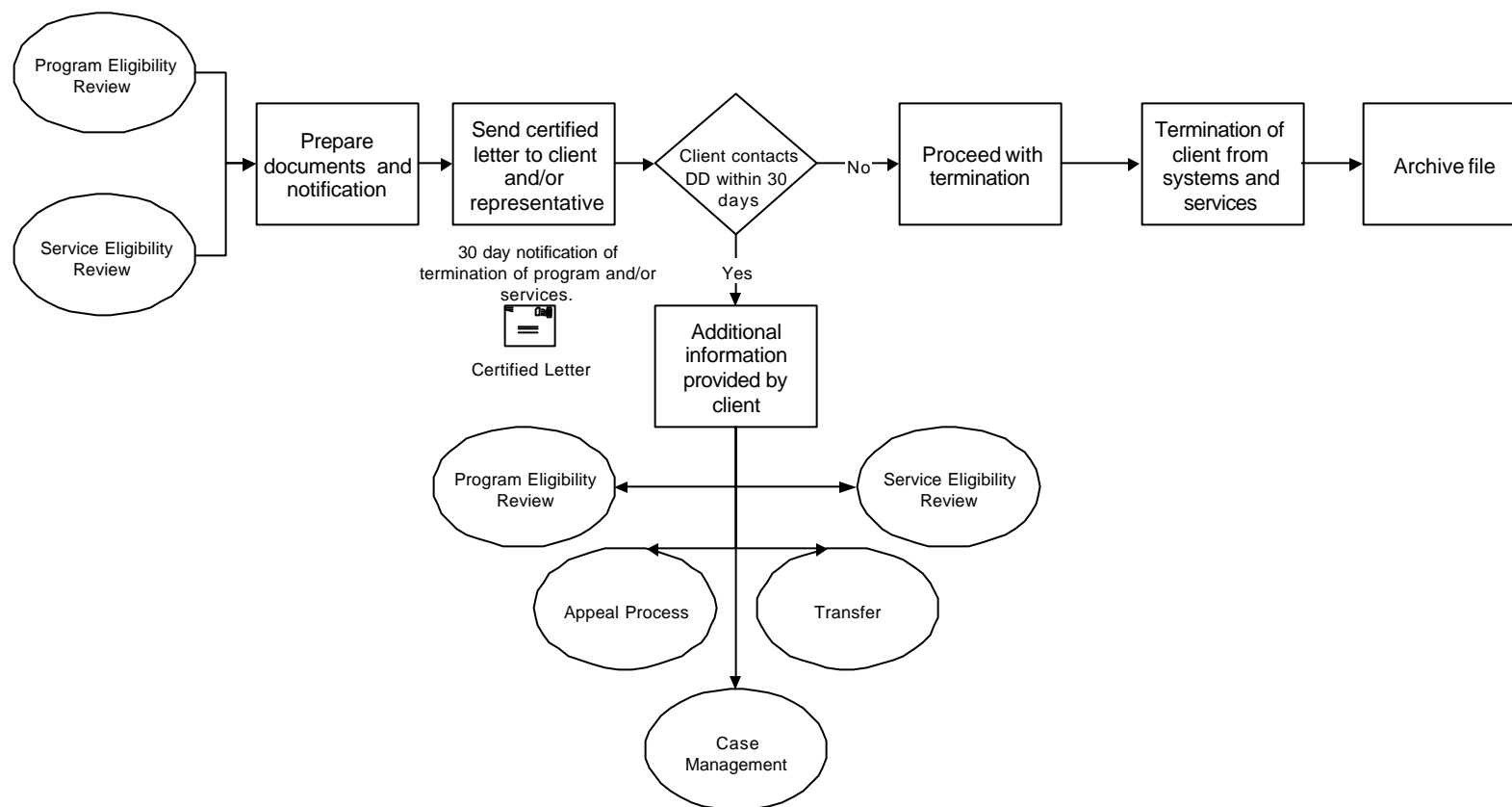
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Appendix C



# Client Termination

Region 4



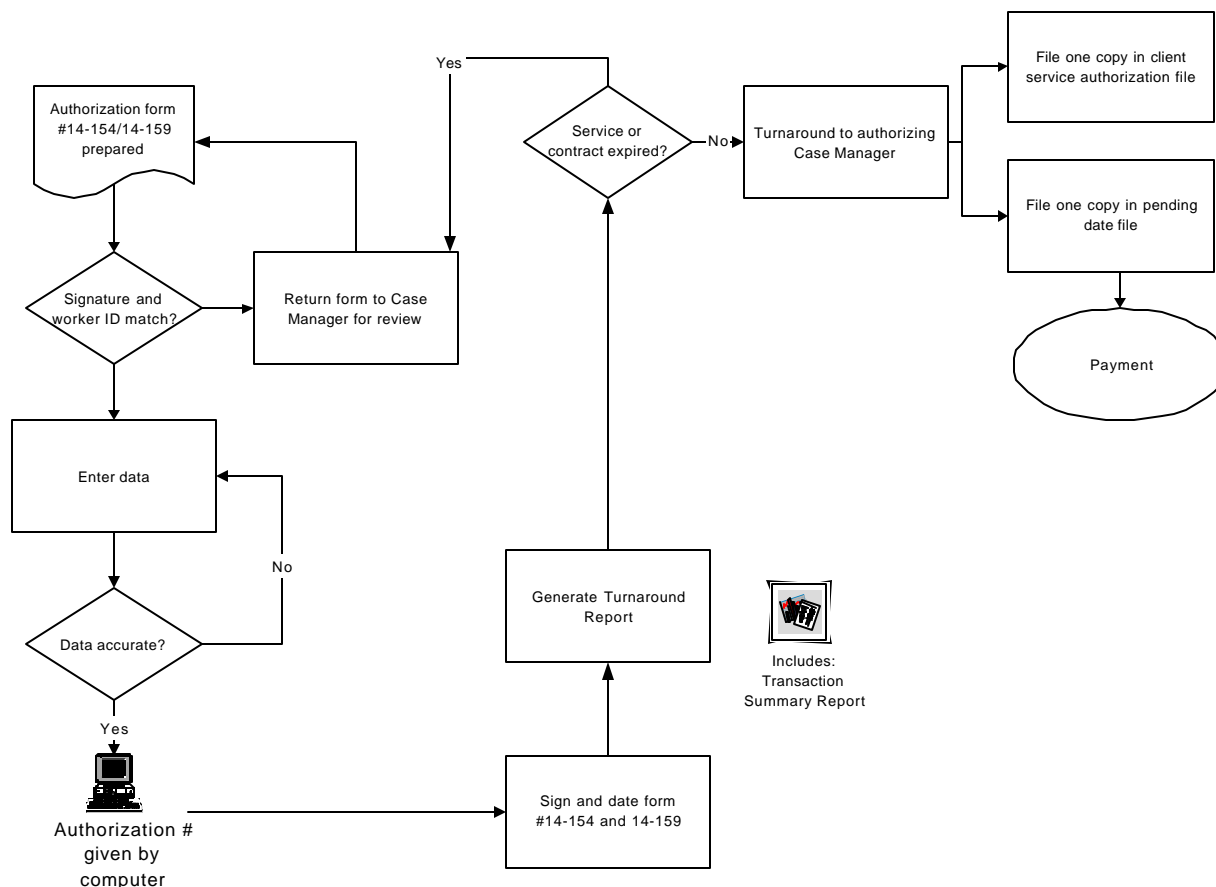
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Appendix C



# Service Authorization

Region 4



Includes:  
Transaction  
Summary Report

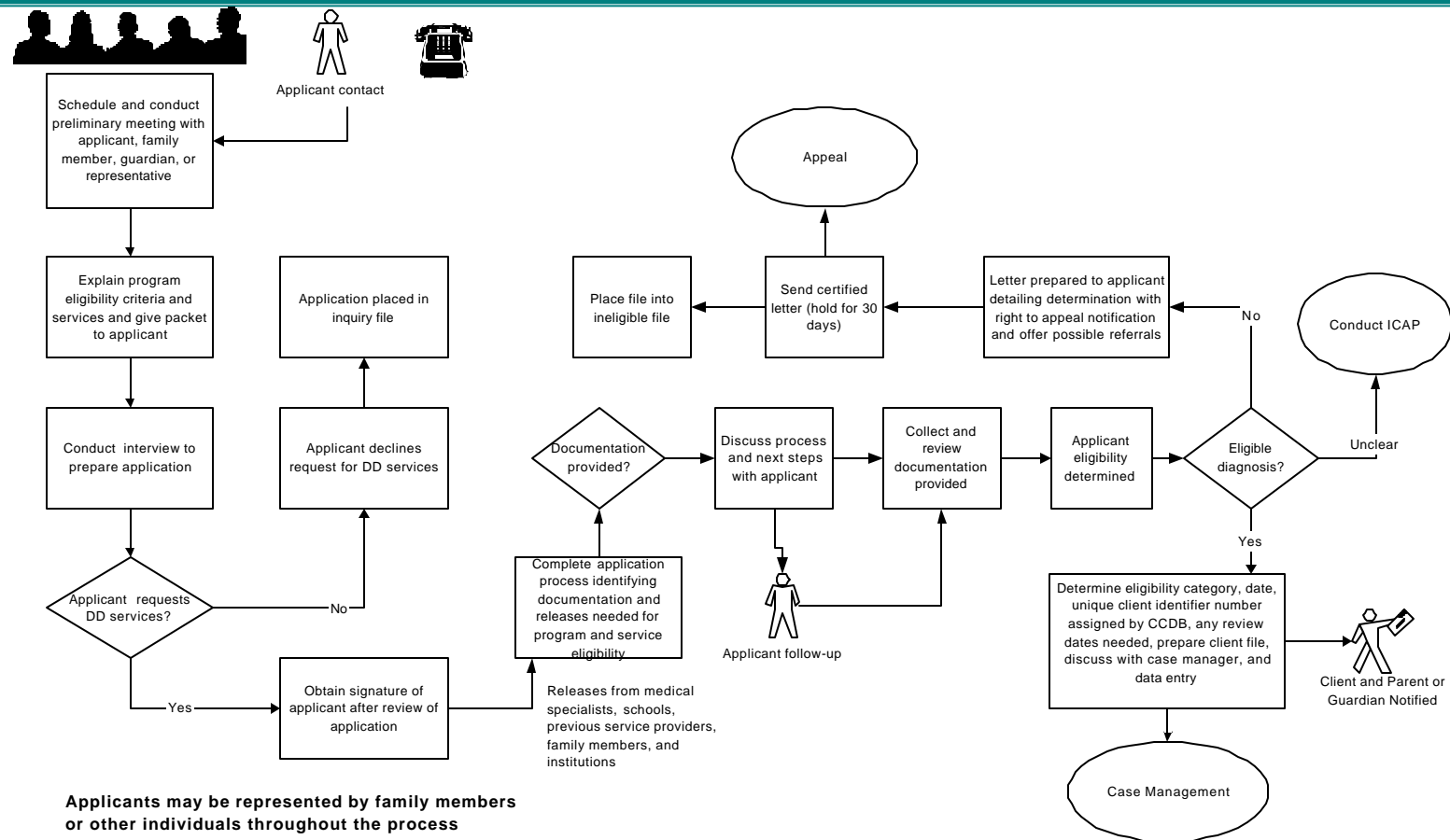
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Appendix C



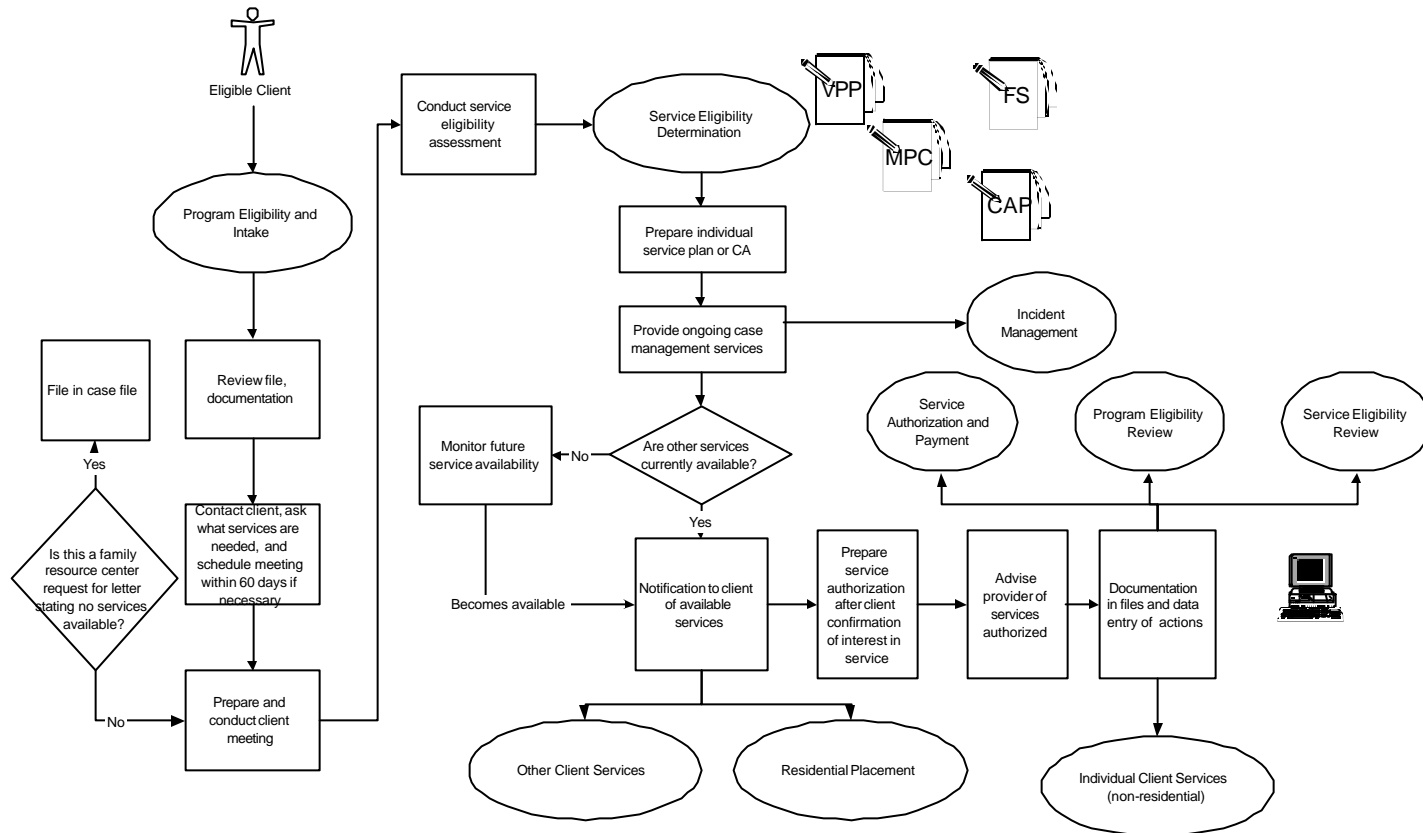
# Program Eligibility and Intake

Region 6



Appendix D





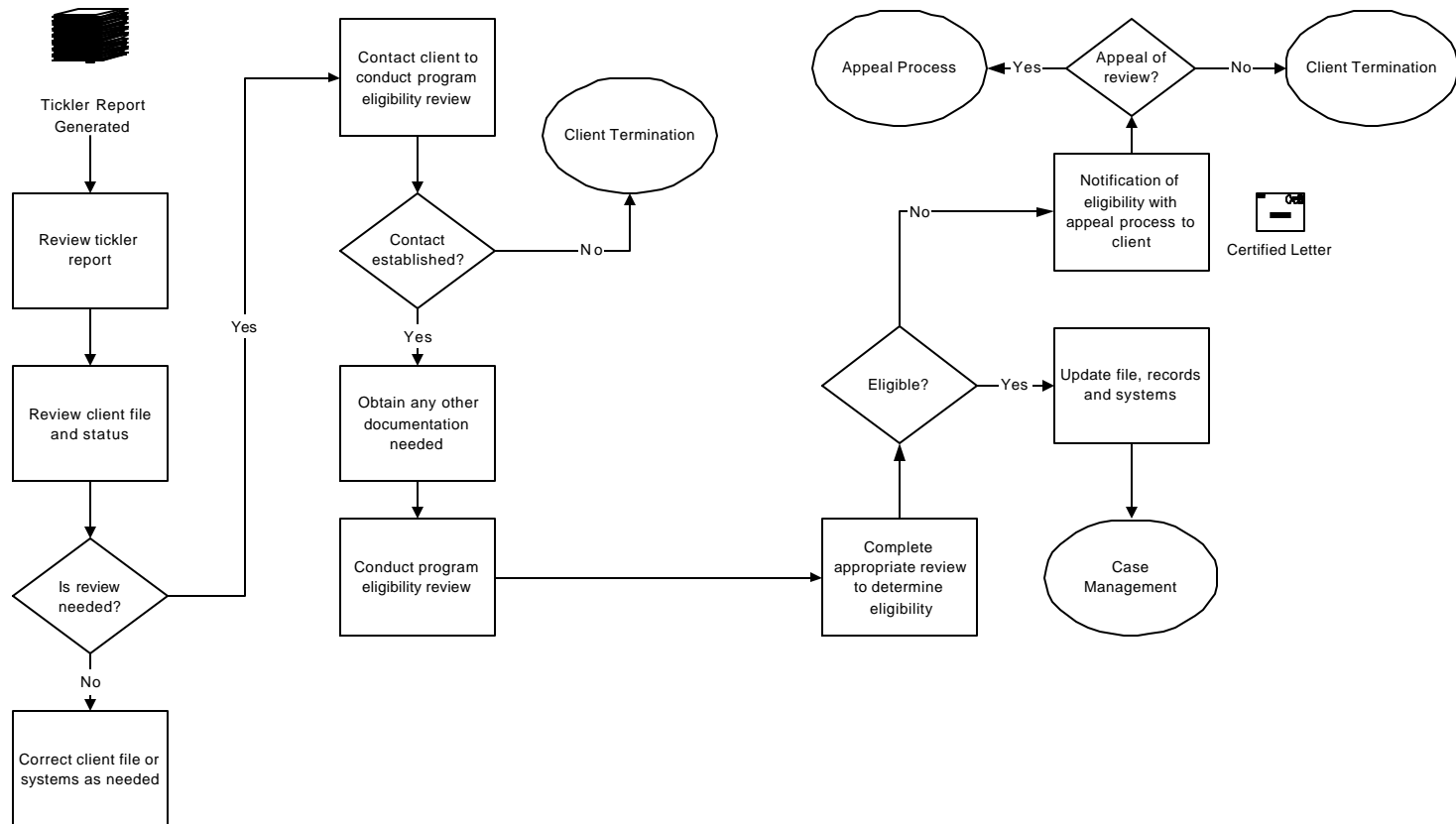
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## Appendix D



# Program Eligibility Review

Region 6



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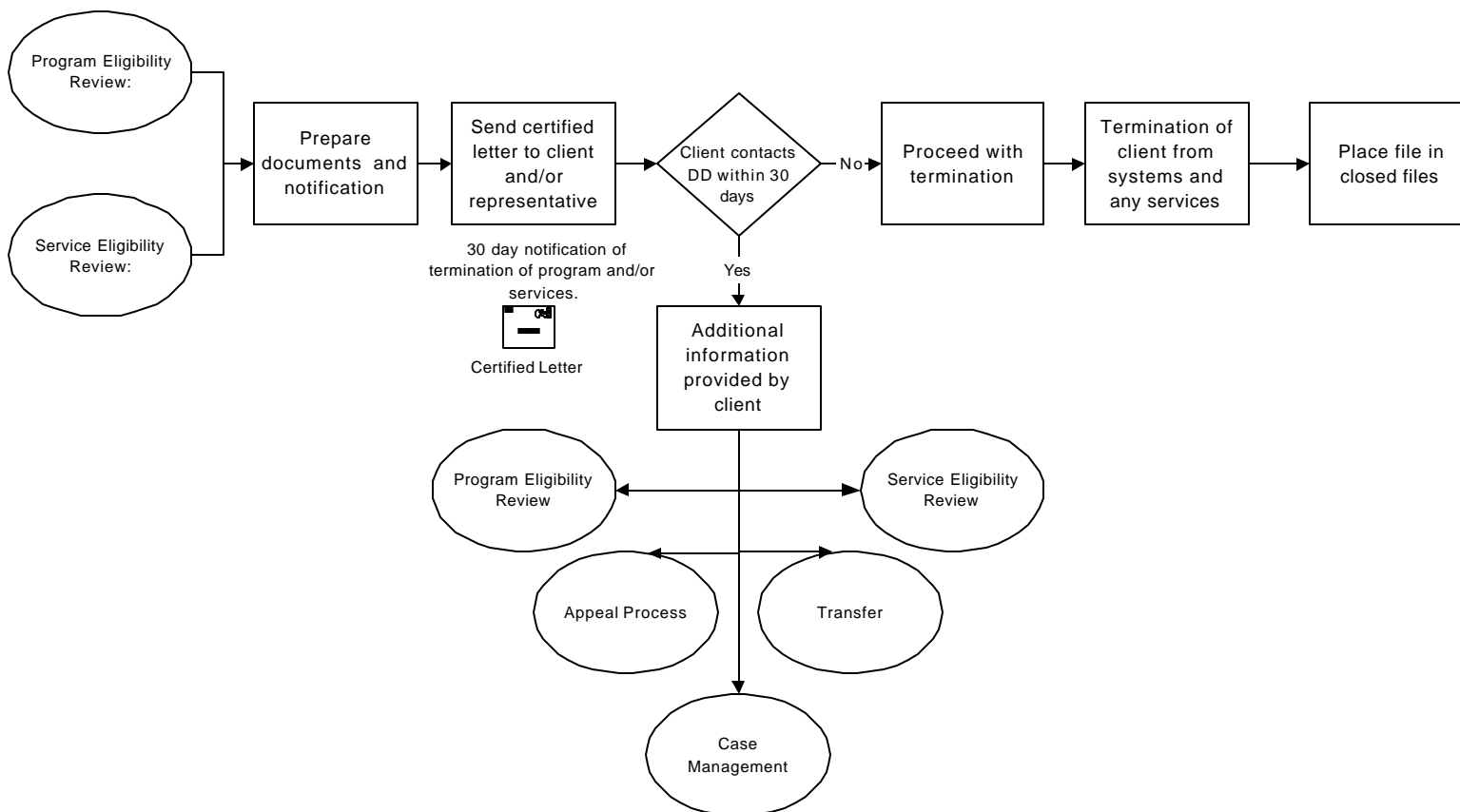
Appendix D





# Client Termination

Region 6

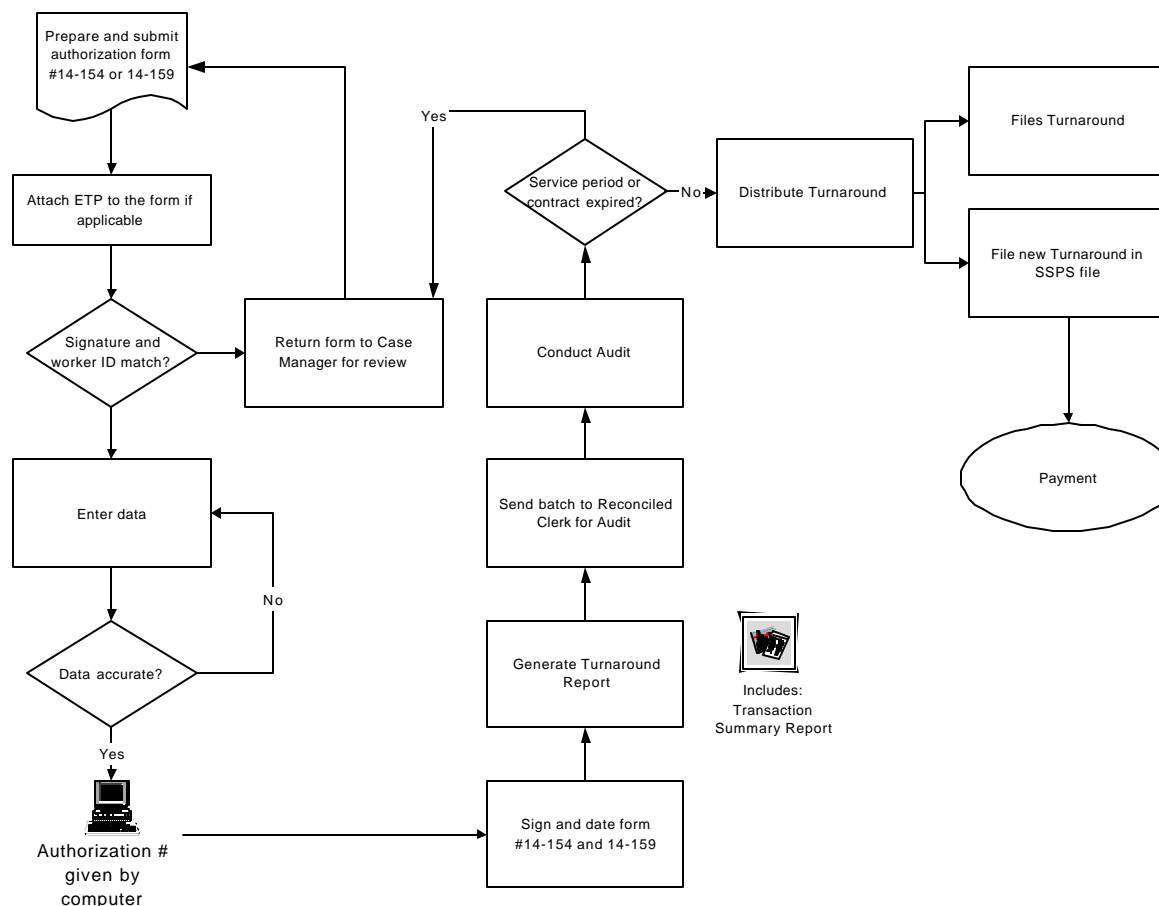


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# Service Authorization

Region 6

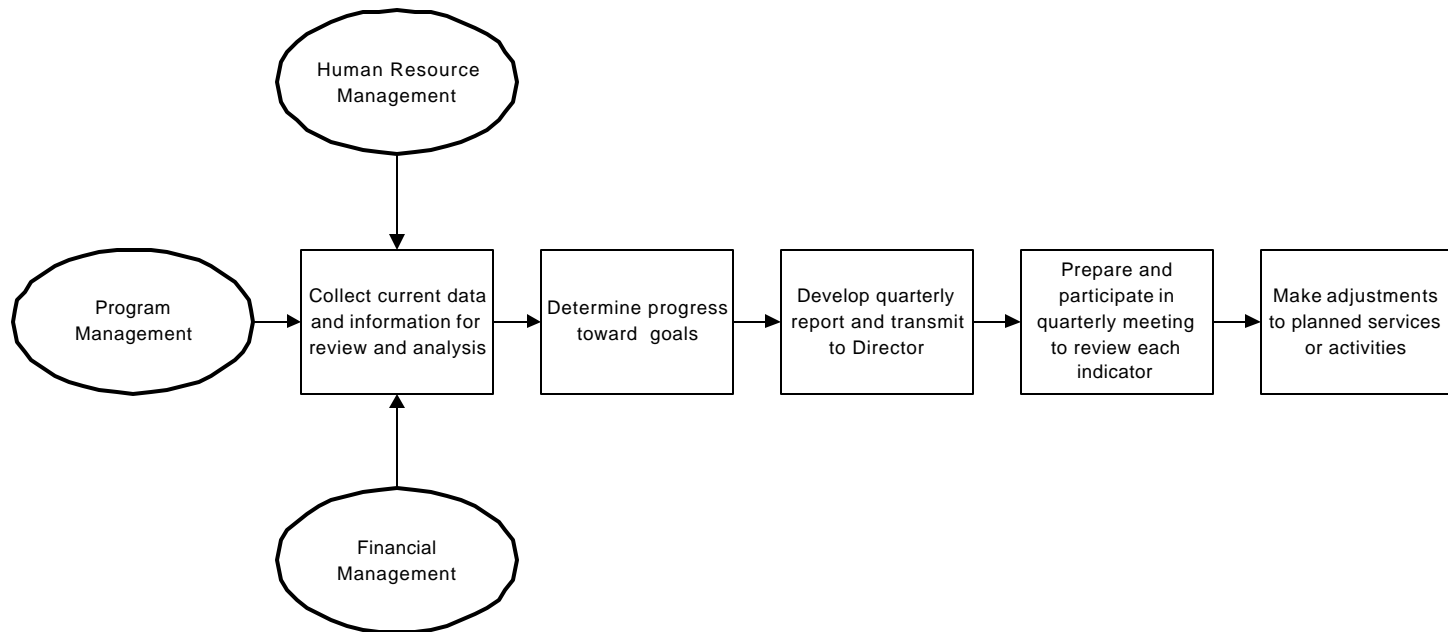


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Appendix D



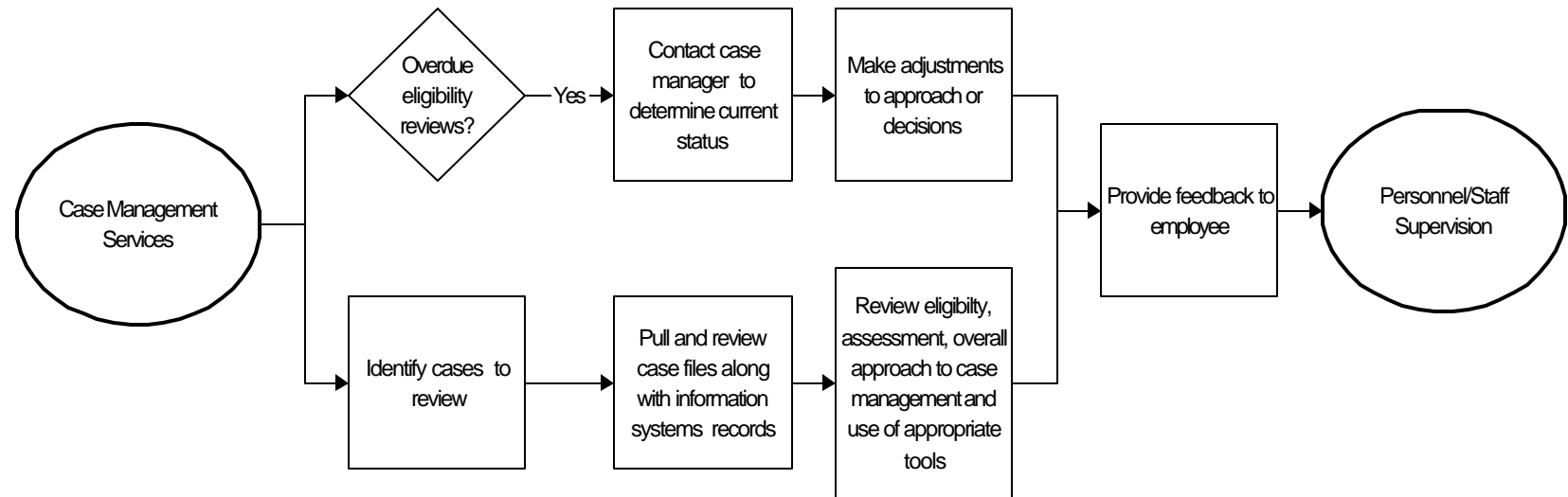
# Quarterly Program Review Process



## Appendix E



# Case Management Review Process



## Appendix F



# Client Eligibility Review Process

